

Respite is a temporary break for the family member who usually takes care of a loved one with a disability or special need. In the DDSN Family Selected Respite program, Family Caregivers/Parents/Responsible Parties/Consumers are the employer of the respite caregiver. The Respite Caregiver is the individual you select and hire to work the consumer's respite hours authorized under the Medicaid waiver. DDSN wants you to have a good understanding of your role as an employer of your respite caregivers, so SCRC has created an online training module to explain your role as an employer and how the program works.

EMPLOYER RESPONSIBILITIES & TRAINING PROCESS

Step 1: Complete 2 Forms and Send to SCRC – contact info is at the bottom of this page

Intake Form (p 4):

- ✓ Fill in all information
- ✓ Sign and date
- ✓ Ask Your Case Manager to sign and date
- ✓ Send in one FOR EACH Respite Caregiver you hire

Disclaimer and Release (pages 5 & 6):

- ✓ Read and initial page 5, read, sign, and date page 6.
- ✓ Have a witness to your signature sign and date page 6.

Step 2: Register on the training website

- ✓ go to <https://DDSNtraining.screpitecoalition.org>.
- ✓ Click on "Consumers and Families (Primary Caregivers).
- ✓ Click on "Register for the Family (Primary Caregiver) Training."
- ✓ Complete all fields.
- ✓ Create a Username and Password and Submit.

Step 3: Wait for Notification that SCRC has received your forms and registration

- ✓ Watch for an automatic e-mail confirming your registration.
- ✓ Watch for an automatic e-mail that lists your username and password and says your account has been “activated.”
- ✓ Watch for an e-mail from training@screspitcoalition.org or joice@screspitcoalition.org or tonya@screspitcoalition.org saying you can log into the training website and watch the training module and take the quiz.

Getting to the Module online after SCRC gives you access:

- ✓ Go back to: <https://DDSNtraining.screspitcoalition.org> and login using the username and password you created. (If it doesn't work, DO NOT REGISTER AGAIN – e-mail SCRC at training@screspitcoalition.org)
- ✓ Click on “Start Training” in the middle of the page. It will take about 90 minutes to watch the module slides. You may watch it all at once, or do part of it, close it and return later.
- ✓ Once you have viewed the slides, you must take the quiz. You will have three chances to pass the quiz, if needed.
- ✓ Unlike the training module, once you begin a quiz, you must complete it. You cannot stop and go back later. When you pass the quiz, you and your case manager will be e-mailed a “Certificate of Completion” that shows you have been successful and passed this required training.
- ✓ If we have your e-mail address, SCRC will copy you and your case manager on all e-mails sent to your respite caregiver regarding screening/training/annual renewals.
- ✓ *If it is difficult for you to get to or use a computer, please let us know. You can start by asking a friend or by going to your local library. Your librarian (or children in your family) can walk you through getting online to take this training at your local library. Our goal is for you to succeed.*

THE ROLE OF THE FISCAL AGENT

SCRC is not your Fiscal Agent. We do not do payroll for your respite caregiver. Please do not send timesheets to us.

The Fiscal Agent has paperwork which both you and your respite caregiver must complete before you can begin turning in timesheets for your respite caregiver to be paid. (And your Case Manager must “authorize” the respite hours for the Fiscal Agent).

In South Carolina, there are two Fiscal Agents for Respite Caregivers paid by Medicaid.

Upstate & Midlands Fiscal Agent office is at Charles Lea Center in Spartanburg, SC

Jessica Rollins

Respite Payroll Specialist

Phone: 864-562-2345

Fax: 864-562-2118

jessica.rollins@charleslea.org

Lowcountry Fiscal Agent office is at Jasper DSN Board in Ridgeland, SC

Valerie V. Tuten

Fiscal Employer Agent

Jasper County Board of Disabilities

P.O. Box 747

Ridgeland, SC 29936

843-726-4499, ext. 225

vtuten@jcbdsn.com

Intake Form

Information on this form is used by the SCRC to confirm you are eligible to view the Family Selected Respite Training Module after you register on-line. It also tells the SCRC which training modules you will require your chosen Respite Caregiver to complete. Modules 1, 2 and 3 are required. You can choose to waive modules 4, 5 & 6 as listed below.

This form should be completed by the Household employer (person who will be supervising the respite caregiver) **AND the Case Manager**. **PLEASE PRINT LEGIBLY.**

Household Employer: _____
 Name of Consumer: _____ Date of Birth: _____
 Responsible Party email: _____ Phone: _____
 Case Manager Name: _____ Email: _____
 Case Manager Work Phone: _____ Cell Phone: _____
 DSN Board: _____ Case Management Agency (if not DSN board) _____

TRAINING MODULE WAIVER REQUEST (This form must be completed for EACH Respite Caregiver)
Contact Info for the person you want to hire to work respite hours for you.

Respite Caregiver Name: _____ **Phone#** _____

Respite Caregiver Email: _____

Respite Caregivers are **REQUIRED** to take 3 training modules:

1. Overview of Respite – Becoming a Respite Caregiver **(first year only)**
2. Confidentiality and HIPAA **(repeated annually)**
3. Abuse, Neglect & Exploitation **(repeated annually)**

Modules 4, 5 and 6 are optional. Please check “Must Take” or “I Waive,” meaning he/she does not have to view the module online and you will provide that training.

Optional Respite Caregiver Training Modules

	Must Take	I Waive
4. Fire and Safety Procedures and Disaster Preparedness	<input type="checkbox"/>	<input type="checkbox"/>
5. Basic Understanding of Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
6. Signs and Symptoms of Illness	<input type="checkbox"/>	<input type="checkbox"/>

 Household Employer Signature

 Date

 Case Manager Signature

 Date

Disclaimer and Release

The South Carolina Respite Coalition (SCRC) is a nonprofit organization working to create more respite in SC for family caregivers of all ages. SCRC's role in the SC Department of Disabilities and Special Needs' (SCDDSN) Family-Selected Respite Caregiver Program (Respite Program) is to document that potential respite caregivers meet program requirements and provide required minimum training for both families and respite caregivers.

SCRC is not an employer of the respite caregiver nor responsible for any employment related activities such as maintaining any type of insurance, including Worker's Compensation or health insurance for the respite caregiver. SCRC is not responsible for liability insurance. The Consumer or Responsible Party (RP) may check with their homeowner's insurance agent to arrange liability coverage. The SCRC does not exercise any supervisory control over or perform ongoing monitoring of the respite caregiver. Any employment relationship that arises between the Consumer/RP and the respite caregiver under the Respite Program is solely the responsibility of the Consumer/RP and the respite caregiver.

In addition, you are hereby advised of and agree to the following:

1. SCRC does not represent or warrant the suitability or abilities of a respite caregiver and specifically disclaims any liability for misconduct or breach of duty to Consumer and/or RP by a respite caregiver unless such conduct or breach resulted from SCRC's gross negligence or willful misconduct in the limited activities that it performs in the Respite Program.
2. The SCRC will request background checks from SLED and/or the FBI and request verification that the potential respite caregiver is not listed on the SCDHHS Medicaid fraud or SCDDSN Abuse and Neglect Registries and make the results of background checks available to SCDDSN, the Consumer and/or RP. SCRC will review and maintain background check results, as well as verification of a respite caregiver's biannual First Aid training and annual TB test results separately obtained by the potential respite caregiver. SCRC is not responsible for the determination of whether the results of a potential caregiver's background check are acceptable for participation in the Respite Program. Established standards are included in the SCRC Respite Caregiver packets and any appeal decisions are made by SCDDSN.
3. Certificates issued by the SCRC upon completion of the course merely indicate that the potential respite caregiver has completed the SCRC's online training course successfully; has met the requirements listed in #2 directly above. Neither the documentation nor the training provided by the SCRC attests to or certifies skills or competence to provide respite care.
4. To continue to be able to work as a respite caregiver in the Respite Program, a respite caregiver must complete a First Aid Training course from an approved First Aid Training provider every two years and have a TB test annually. Failure to do so will make the respite caregiver ineligible to be paid.

Initial that you have read this page _____

Disclaimer and Release

5. The on-line training modules developed by the SCRC provide basic training on the Respite Program for Consumers/RPs and Respite Caregivers. These basic training modules do not address the specific care needs of individual consumers and do not replace the specific training that must be provided by the family.
6. Skilled care such as that requiring a nurse (e.g., suctioning, g-tube feeding, wound care, ventilator usage, etc.) is NOT authorized under SCDDSN's respite care services. The SC Respite Coalition is not liable for accidents/injuries that occur during the provision of skilled care not authorized. It will be the responsibility of the family to develop an emergency plan of action in the event of an emergency during respite care.
7. Use of a specific respite caregiver is the Consumer's/RP's choice. The Consumer or RP is the employer, primary trainer and sole supervisor of the Respite caregiver.

As the party responsible for contracting for respite services or for providing respite services under the SCDDSN Family Selected Respite Caregiver Program, my signature below acknowledges that I have read this entire disclaimer and release and that I fully understand and agree to the terms and disclosures contained in this document.

Signature

Date

Print Name

Witness Signature

Date

Print Name